NURSING BEAT

THE PULSE OF NURSING AT MOSES CONE HEALTH SYSTEM

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Special Edition

MOSES CONE HEALTH SYSTEM

We're Magnet!

By Gretchen Delametter, RN, MSN, Debbie Green, RN, MSN, GNP, and Daria Kring, RN, BC, MSN

The room was packed as everyone waited anxiously for the call to come in on speaker phone.

On February 14, the American Nurses' Credentialing Center in Washington, DC placed a phone call to **Joan Wessman, RN, MS**, Chief Nursing Officer, Moses Cone Health System. "Ms. Wessman? This is the Commission on Magnet Recognition. I am happy to inform you that Moses Cone Health System is the latest hospital facility to achieve Magnet recognition!" With that, cheers erupted from staff and administrators who had gathered to listen in on the highly anticipated phone call. Laughter, hugs, and tears filled the room as everyone gave way to the intense satisfaction at the heart of this achievement. Literally, years of preparation were finally rewarded with this prestigious accomplishment.

Let's take a look at the long journey that has taken us down so many byways before finally speeding us down the final stretch of the Magnet highway. The Magnet recognition process begins with an application to the American Nurses Credentialing Center (ANCC), a branch of the American Nurses' Association. The Magnet Recognition Program application and appraisal process recognizes a healthcare organization's attainment of excellence. It becomes a rewarding experience for an organization as it seeks focus,

Debbie Grant and Joan Wessman celebrate the good news!

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direction, and growth. The process is a lengthy, thorough, and demanding journey in discovering excellence.

Moses Cone Health System originally began this process in 2001. A standards subcommittee was developed and, through this early subcommittee, the plan for the Magnet recognition process began. The committee met frequently to review the literature and compare best nursing practice to the nursing practice in our System. The original committee was made up of nurses representing many specialties. An editorial team was formed from this initial group. This editorial team began writing and editing the Magnet application as information from the standards subcommittee was passed on to them. One of the major tasks this team accomplished was matching the Magnet standards to examples in the System. This process took almost one year.

"The enthusiasm throughout the entire System, not just nursing, was amazing. This week has been a wonderful celebration of the work we do here."

-- **Joan Wessman,** *Chief Nursing Officer*

Our first Magnet application was submitted in early 2002 to ANCC. Before our application was even reviewed, our Chief Nursing Officer (CNO) at the time left the System. Under the ANCC Magnet application guidelines, without a CNO in place, our System did not qualify for recognition and had to withdraw its application. Before we could reapply, our new Chief Nursing Officer had to be in place a minimum of one year. Joan Wessman was hired as the CNO in January of 2003. The Magnet recognition process began again in late 2003.

To begin, a Steering Committee was identified and included the Nursing Service Directors; **Debbie Grant, RN, MSN**, Vice President of Nursing; **Paul Summerell, RN, BSN, MHA**, Business Manager; and **Susan Boyd**, Secretary. The objective of this committee was to analyze whether the System was ready for the Magnet journey and oversee the reapplication process.

"Every staff member on every department across the System has commented on the morale boost this has produced. Thank you for such an excellent site visit. You were off the scale."

-- **Debbie Grant,** *Vice President, Nursing*

Four distinct subcommittees were formed as part of the Steering Committee. They were the Standards Committee, Education Committee, Marketing Committee, and Site Visit Committee. Committee members were chosen by experience, availability, energy and enthusiasm. Both new employees and long-standing employees were invited to participate. In addition, each committee had representatives from both nursing and non-nursing departments because many initiatives and projects that nursing was involved in included other disciplines.

Susan Boyd, Debbie Green, and Debbie Grant worked many days (and nights) putting together our Magnet application.

Dropping off the massive application at the UPS store, which cost $147.51 to mail.

All Magnet Champions attended workshops to learn how to lead the Magnet process in their departments.

As the site visit drew near, Magnet Champions were motivated at breakfast pep rallies.

Kick-off parties on all campuses announced to the System that something very big was about to happen.

In addition to all the fun and games, learning about Magnet was an important part of the kickoff parties.

The Standards Committee, headed up by **Debbie Grant, RN, MSN**, and **Debbie Green, RN, MSN, GNP**, Director of Nursing Practice, Education and Research, began meeting in early 2004. They met every other week into late spring, early summer. Their goal was to gather examples that demonstrated not only the Magnet standards but also the Magnet forces. An editorial subgroup was formed from this committee to begin the editing process for a complete Magnet application. And what an exciting day Sept. 29 turned out to be! Our completed Magnet application -- which included six volumes of supporting data and examples, spanned 2,219 pages, and weighed 32 pounds -- was finally sent to the ANCC Magnet Recognition Program in Washington. Nine sets of the application were created, one for each of the three ANCC Magnet appraisers and one for each of the five acute care hospitals. The highlight for this committee came two weeks later when ANCC called to say that not only did our application look great but also that no further documentation was needed before the site visit.

The Education Committee, under the direction of Nursing Service Directors **Susan Hamilton, RN, MSN** and **Loretta Wise, RN, MSN, CNA** and Annie Penn Hospital's Vice President for Nursing **Judy Davis, RN, MSN**, began their work in spring 2004. Their objectives included: getting the word out about Magnet, communicating through the Magnet Messenger and developing Magnet Champions from each nursing and non-nursing department. Magnet champions had probably the most vital and difficult role to fulfill in our Magnet quest—encouraging their co-workers to join together and embrace our emerging Magnet culture. The Education committee developed Magnet Champion orientation and education sessions and also coordinated celebrations to keep momentum going. Many Magnet facilities have used the Magnet champion strategy, but not to the extent that we did. While most hospitals use about 40 Champions, our System had almost 300 highly energetic and effective Champions on board.

> ***"This has been a great affirmation of just how good this health system is. And, it is only because of fantastic people that work here. I am so proud that I could burst!"***
>
> -- **Tim Rice,** *President and CEO*

The Marketing committee, facilitated by Nursing Service Directors **Elise Fornadley, RN, MPM**, and **Cindy Jarrett-Pulliam, RN, MSN, CHE**, began work in spring 2004. They developed the *Magnet Messenger*, which was a newsletter that was published every two weeks with descriptions and examples of the Magnet standards and forces, including pictures and stories from our System. This was no minor feat as a small group of dedicated reporters traveled literally at the drop of a hat to any campus or any department to capture Magnet moments on film. This committee also organized kick-off parties on all campuses to introduce the Magnet Recognition process and assisted the Education Committee with the Champion celebrations.

The Site Visit committee, under the direction of Nursing Service Directors **Frostenia Milner, RN, MSN, CAN**; **Kelly Southard, RN,**

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We're Magnet, Continued

BSN, MBA; and **Kathy Haddix-Hill, RN, MSN**, began gearing up in August 2004. Their goal was to identify, verify, clarify, amplify and demonstrate the documentation in the application. They were responsible for planning logistics for the actual site visit, readying the organization, getting documents together, and conducting mock surveys on various units. This group developed a survey to assess relationships between nursing and other departments and then developed action plans to improve those relationships. It also developed teaching aids (scrapbooks, pocket cards, reference booklets) to help departments define how they demonstrate the Magnet forces. The crowning moment for this committee, however, began Jan. 3, when the site appraisers stepped onto our campus. Every staff nurse was prepared and ready. We shone brightly. Our efforts were best captured in the words of one appraiser, "This site visit has been incredible."

None of the facilitators of these subcommittees worked alone. Literally hundreds of people throughout the System served on committees or freely contributed time and talent when asked. The response from every nurse, every employee, every administrator was one of cooperation and solidarity. Through this process, although painful at times, we have come to know and understand ourselves better and have made numerous improvements. Departments worked together to solve issues that had remained unsettled for years. We believe that through the whole Magnet process a better culture emerged at Moses Cone Health System.

Human chains greeted the appraisers at every hospital campus.

Ambassadors were assigned to each appraiser to escort them to departments and meeting rooms.

Over 550 nurses attended meal sessions with the appraisers to describe our Magnet environment—that's one out of every three nurses employed in the System.

The appraisers visited every single nursing department to speak with staff—and even a former patient.

MOSES CONE
HEALTH SYSTEM

1200 North Elm Street
Greensboro, NC 27401
www.mosescone.com/nursing

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Inside This Issue

MOSES CONE HEALTH SYSTEM

Palliative Care Program Created

By Susan Moore, RN, BSN, CVN

Improving patient care is a major goal of Moses Cone Health System. One year ago a team of dedicated professionals came together to create a funded Palliative Care Consult Program.

The term *palliative care* means the active total care of a patient with a disease that is not responsive to curative treatment. The goal is to prevent, relieve or reduce the symptoms of the disease or disorder without affecting the disease. It promotes favorable outcomes while helping patients and families emotionally and spiritually with respect to cultural tradition. A "no code" order is not required to qualify for palliative care.

The members of the Palliative Care Consult Team include **Robin Turner, MD**, Medical Director, **Terry Thompson, RN, NP**, Coordinator, and **Bob Hamilton**, Chaplain. There is also a need for a social worker. This team makes rounds as often as needed to meet the needs of the patient and family. The palliative care team sees patients at The Moses H. Cone Memorial Hospital and Wesley Long Community Hospital. In the future, the program will be expanded to all hospitals in the System.

The process of making a referral is simple. The physician writes an order in the patient's chart, and the referral is made via the E-chart system. "Nurses play a key role in the process," Terry says. "It is the nurse who spends the most time at the bedside and can anticipate needs of the patient and family." Nurses can request an informal evaluation without a physician order if they feel palliative care is appropriate.

Palliative Care Team members Robin Turner, MD, and Terry Thompson, RN, NP.

The Palliative Care Team is available for any type of illness. "Pain control and end-stage chronic obstructive pulmonary disease are the two most common referrals," Terry says. The team collaborates with the physician by making suggestions for inpatient as well as outpatient needs. Sometimes the patient or family member simply needs someone to talk to regarding tough decisions.

Recently the Palliative Care Team helped an end-stage COPD patient to explore care when discharged from the hospital. A lot of concerns and fears were relieved when questions were answered and collaboration with Hospice and Palliative Care of Greensboro was facilitated. Cicely Saunders, founder of the modern Hospice movement, said, "How people die remains in the memories of those who live on." Nurses caring for chronic or terminally ill patients know this statement is very true because we often develop a special relationship with the family. The Palliative Care Team helps to promote these positive memories.

Message from Joan

I recently gave the first "State of Nursing Address" on each hospital campus. The purpose of the address was to celebrate our accomplishments in fiscal year 2004 and share our objectives for 2005. I was pleased that so many of you were able to attend my address. I was asked to summarize my presentation for those who were unable to attend.

Accomplishments of 2004

- We revised our Philosophy of Nursing to reflect contemporary nursing practice. Key changes include the inclusion of patient safety, collaboration with our academic colleagues and our understanding of the interdisciplinary nature of our practice. A significant statement about the role of the nurse was added. "Our role in patient care is unique and of vital importance to our patients and families." This belief has led to our work on identification of the nurse.
- We focused on increasing the clinical competency of the staff by adopting standards for advanced cardiac life support (ACLS) certification, defining "basic competencies" for all nurses, approving policies to facilitate nurses gaining specialty certification, including reimbursement for successful completion of certification exams, and clarifying the scope of practice for the LPN.
- We worked to improve clinical outcomes by focusing on patient safety initiatives such as the "Time Out Procedure" and participation in root cause analyses (RCAs) and failure mode and effects analyses (FMEAs).
- We successfully reduced the fall and pressure ulcer prevalence rates by improving our assessments, adding new equipment, and implementing new policies.
- We implemented new policies, practices and equipment to improve outcomes:
  - The QS fetal monitoring system was implemented at The Moses H. Cone Memorial Hospital and Wesley Long Community Hospital emergency departments.
  - The HUGs infant security system was installed.
  - A defibrillator standardization plan was developed which, over three years, will standardize defibrillators across all campuses.

  - The Alaris IV pumps were purchased based on the recommendations of a multidisciplinary task force, including Nursing, Pharmacy, Biomedical and Materials Management staff.
  - New Hill Rom beds were purchased, which will help with patient turning and mobility.
  - Point-of-care cardiac markers were implemented in the Moses Cone Hospital emergency department with plans to implement at Wesley Long Community Hospital and Annie Penn Hospital.
  - Our Venous Access Team developed expertise in bedside insertion of PICC lines using portable ultrasound.
- A clinical nurse specialist was hired for Annie Penn Hospital.
- We formed a research committee comprised of staff nurses, clinical nurse specialists and faculty from area schools of nursing. Research activities in the past year include Reflective Practice, RN Satisfaction, Healing Touch, Hyperglycemia in the MI Patient, Saline Flushes and the Impact of a Dedicated Charge Nurse.
- We had a successful JCAHO survey!
- We began our Magnet journey and are optimistic the site visit in January was successful.
- We improved our staffing and increased our "hours of care per patient day" (our staffing model). We added 50 full-time nursing positions in 2004 and another 33 in 2005.
- We revised our relief policy and have seen a steady increase in the number of hours worked by the relief staff.
- We experimented with new models of care in some departments:
  - Charge nurse out of staffing on off-shifts.
  - Team nursing.
  - The use of an "outcomes manager role."
  - Department-based pharmacist.
  - Rooming in 24 hours a day/ seven days a week at The Women's Hospital.
- We developed new programs to meet patient needs:
  - Pediatric ED.
  - Pediatric Intensive Care Unit.
  - Urgent Care Center.
  - Bariatric Surgery Program.
  - Palliative Care Consult Service.
  - Smoke-free Behavioral Health Center.
- Our nurses participated in formal educational programs:
  - 104 RNs in BSN programs.
  - 71 RNs in MSN programs.
  - 6 RNs in doctoral programs.
- Our staff were leaders and teachers:
  - 153 nurses presented at conferences.
  - 126 nurses presented posters at conferences.
  - OR nurses formed a local chapter of the Association of Operating Room Nurses (AORN).
- Our nurses were honored:
  - 4 RNs attended the NC Institute for Nursing Excellence.
  - 12 RNs selected to the NC Great 100 (more than any other hospital or health system!).
- We worked to continue to strengthen nurse-physician relationships.
- We had a successful recruitment and retention year:
  - 132 new graduate RNs hired.
  - 9 new graduate LPNs hired.
  - 252 experienced RNs hired.
  - 40 experienced LPNs hired.
  - RN turnover rate at 9 percent.
  - RN vacancy rate at 6.5 percent.
  - Retention Committee formed.
- We increased our collaboration with schools of nursing. We have pilot programs with the University of North Carolina at Greensboro, North Carolina A&T State University and Guilford Technical Community College, in which nurses in our System assume some responsibility for clinical supervision of students.

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Nurses Going Places

Awards and Honors

- **Debbie Grant, RN, MSN,** Vice President, Nursing, was invited to attend the Wharton Healthcare Management Executive Education Program in Philadelphia in October. This intensive, week-long program focused on medical, economic, social and ethical issues that influence healthcare.
- **Cindy Shaw, RN, BSN**, Clinical Research Nurse, Moses Cone Regional Cancer Center, has been selected to serve on the review board of the Clinical Journal of Oncology Nursing.

Publications and Presentations

- **Kim Hodgin, RN, MSN**, Admission Nurse, Wesley Long Community Hospital, published her article, *Managing the Multigenerational Nursing Team*, in the October-December edition of Health Care Manager.
- **Daria Kring, RN, BC, MSN**, Clinical Nurse Specialist, published her article, *Rhabdomyolysis: Out-muscle a Life-Threatening Illness*, in the November/December edition of Nursing Made Incredibly Easy!

Graduations

- **Ali Black, RN, BSN**, Administrative Coordinator, Moses Cone Health System Behavioral Health Center, graduated from Winston-Salem State University with a bachelor's degree in nursing.
- **Dana Bryant, RNFA, MBA, CNOR**, Department Director, Operative Services, The Women's Hospital of Greensboro, graduated with honors from Regis University with a master's degree in business administration.
- **Kristin Curcio, RN, OCN, MSN**, Oncology, graduated from the University of North Carolina at Greensboro with a master's degree in the adult and geriatric nurse practitioner program.
- **Lee Frazer, RN, MSN**, NICU, graduated from UNCG with a master's degree.
- **Heather Fulton, RN, BSN**, 5700, graduated from UNCG with a bachelor's degree in nursing.
- **Rasheda Kelly, RN, BSN**, 5700, graduated from UNCG with a bachelor's degree in nursing.
- **Debracca King, RN, BSN**, 5700, graduated from UNCG with a bachelor's degree in nursing.

Promotions

- **Renee Angiulli, RN, BSN**, has been promoted to Lead Nurse Care Manager, Wesley Long Community Hospital and Behavioral Health Center.
- **Mary Beth Brown, RN, BSN**, has been promoted to Lead Nurse Care Manager, The Women's Hospital and Annie Penn Hospital.
- **Debbie Dallas, RN**, has been promoted to RN III, Day Surgery Center, Annie Penn Hospital.
- **Susan Dorr, RN**, has been promoted to Lead Nurse Payor Liaison for Wesley Long Community Hospital, The Women's Hospital, Annie Penn Hospital and Behavioral Health Center.
- **Elise Fornadley, RN, MPM**, was promoted to Executive Director, Operative Services, with responsibilities at The Moses H. Cone Memorial Hospital, Wesley Long Community Hospital and The Women's Hospital.
- **Jennifer Gripper, MSN, MBA**, has been promoted to Nurse Payor Liaison Manager, Moses Cone Hospital.
- **Laurie Klimczyk, RN, BSN**, is the new assistant director of the Emergency Department at Annie Penn Hospital.
- **Donna Monti, RN**, 5000, was promoted to RN III.
- **Cleo Montpellier, RN**, is the new Assistant Director, Day Surgery and PACU, The Women's Hospital.
- **Barbara Morris, RN**, has been promoted to RN III, Day Surgery Center, Annie Penn Hospital.
- **Karen Mueller, RN, CPAN**, PACU, Moses Cone Hospital, was promoted to RN III.
- **Rhonda Rumple, RN, BSN, CCM**, has been promoted to Lead Nurse Care Manager, Moses Cone Hospital.
- **Bertha Stanfill, RN, BSN**, has been promoted to Lead Nurse Payor Liaison, Moses Cone Hospital.
- **Robyn Thomas, RN**, Operating Room, The Women's Hospital, was promoted to RN III.
- **Angie Turner, RN**, 5000, was promoted to RN III.
- **Debbie Woodring, RN**, has been promoted to Assistant Director, Day Surgery Center, Annie Penn Hospital.

Certifications

- **Leslie Ayers, RN, IBCLC**, was certified by the International Board for Certified Lactation Consultants.
- **Kristin Curcio, RN, OCN, MSN**, Oncology, passed the oncology certification exam.
- **Sylvia Davis, RN, BSN, CAPA**, Moses Cone Surgery Center, received her certification as a certified ambulatory perianesthesia nurse.
- **Twanna Dozier, RN, CPAN**, PACU, Wesley Long Community Hospital, received her certification as a certified post-anesthesia nurse.
- **Tamara Ellis, RN, BSN, CAPA**, Moses Cone Surgery Center, received her certification as a certified ambulatory perianesthesia nurse.
- **Pam Hicks, RN, CAPA**, Short Stay Center, received her certification as a certified ambulatory perianesthesia nurse.
- **Margaret Ann Martin, RN, BC, BSN**, passed the American Nurses' Credentialing Center's exam for medical-surgical nursing.
- **Carole Michalski, MHA, BSN, RN, CLNC**, Administrative Coordinator, The Women's Hospital, was recently certified as a legal nurse consultant.
- **Elizabeth Mills, RN, IBCLC**, was certified by the International Board for Certified Lactation Consultants.
- **Karen Mueller, RN, CPAN**, PACU, Moses Cone Hospital, received her certification as a certified post-anesthesia nurse.
- **Sabrina Newsome, RN, C**, Department 3700, passed the American Nurses' Credentialing Center's exam for medical-surgical nursing.
- **Debra Payne, RN**, 5100, was certified as an official JCAHO surveyor.
- **Sharon Powers, BSN, OCN, RN, BC**, Assistant Director, Outpatient Clinic, recently passed the American Nurses' Credentialing Center's exam for ambulatory care nursing.

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Working in a Nursing Home: It's Not What You Think

By Kathryn Foster, RN, MSN, and Sabrina Graham, RN, BSN

What does the average nurse think when a colleague says, "I work in a nursing home"? Let's be honest. Most think, "Why would anyone want to work there?" or "Guess they just don't have the skills to work in a challenging environment." What mental picture is conjured up of that nurse's work setting? Large institutions filled with bedridden patients? Days and nights filled with mundane tasks such as medication administration and incontinence care? Let's not kid ourselves; this perception is shared not only by our fellow nurses but also by the general public. Needless to say, continuously addressing this misconception is a big challenge for those of us who work in long-term care, and we are always eager to set the record straight.

Wesley, a cockatiel named after Wesley Long Nursing Center, is often heard singing the Andy Griffith Show theme song.

Let's first take a look at who we are and who we care for. There are more than 1.7 million elderly Americans being cared for in nursing homes every year across the United States and nearly 1.5 million employees providing the front-line care for these patients. Moses Cone Health System has three nursing homes with more than 300 employees caring for 376 patients. Of these 300 employees, more than 88 are nurses—33 registered nurses and 56 licensed practical nurses. We have a dedicated multidisciplinary team of professionals at each site whose goal is to continuously improve the quality of life for each patient. In addition to the clinical providers, we also have medical records professionals, environmental services staff and plant operations staff.

The assessment and clinical skills required of the long-term care nurse have changed significantly over the past decade. The higher acuity and complex needs of patients in nursing homes are a direct result of the impact that Diagnostic Related Groups (DRGs) had on hospitals back in the mid-1980s. With shorter hospital stays, nursing homes began admitting patients with central lines, tracheostomies, complex wounds, infections, and gastrostomy tubes. **Annette Smith, RN, MSN**, Director of Nursing, Wesley Long Nursing Center, likens the skill set required of the long-term care nurse today to that of a medical-surgical nurse in the acute-care setting. "Because they lack on-site resources such as radiology, telemetry and access to emergency care, these nurses must possess expert clinical assessment and critical thinking skills while caring for a higher ratio of patients." The typical nurse-to-patient ratio on a skilled unit is 1 to 16 and on a non-skilled unit, it's 1 to 25.

D.J. the cat loves to sleep on the residents' beds.

There are basically two types of residents in a nursing home: the shorter stay "skilled" residents with complex medical needs who require rehabilitation to increase their strength and independence prior to returning home, and the "non-skilled" long-term residents who simply require 24-hour nursing care and supervision. We call our patients "residents" because regardless of their length of stay, the nursing facility is considered their home. Unlike the stereotypical image, we strive for an environment that is inviting and homelike, including such touches as indoor plants, outdoor gardens, and even birds, dogs and cats. One approach that takes this concept a step further is the Eden Alternative. Founded by Dr. William Thomas, the Eden Alternative's ultimate goal is to "de-institutionalize" nursing homes by providing an elder-centered, elder-empowered environment with a community focus. Both Wesley Long Nursing Center and Moses Cone Extended Care Center have already begun to put the Eden Alternative principles in place. For example, nursing units that have traditionally been identified by room numbers are now referred to as "neighborhoods." These neighborhoods are part of a larger community, the nursing center. Members of the neighborhoods include the elders, their families, the staff, plants, and animals. As members of the neighborhood, the elders are empowered to participate in the issues that affect their neighborhoods. For example, they help redecorate, elect the mayor and other officials, and assist with providing care to the plants and animals that live in the neighborhoods.

Ruby Cole, LPN, spends time with Ms. Frieda Moreland, a resident.

"Engaging the residents in decision-making, having them nurture the plants and animals, and de-emphasizing 'programmed' daily activities, directly combats the feelings of helplessness, hopelessness, and boredom often felt by elders in the long-term care setting. This also promotes close and continued relationships, which foster feelings of worth, value and meaning in their lives," says **Robin McRae, LPN**, Wesley Long Nursing Center. "By incorporating this philosophy at our facilities, our residents' view of wellness and their quality of life will be greatly enhanced."

"Edenizing" is a never-ending process. It is not programmed and therefore both facilities have active and ongoing plans for further growth and development of this concept within their communities.

Despite these recent advances though, long-term care still faces many challenges such as budget cuts, limits on reimbursement, and a growing shortage of nurses. Regardless of these obstacles however, you will always find dedicated staff who choose long-term care over other venues of healthcare.

Hope Hull, Registered Dietitian, says, "When I worked in the hospital, I was constantly running in and fixing problems, then rushing on to the next patient. I never had the chance to know if I made a difference. In long-term care, I have the ability to see outcomes and know that I did make a difference."

Vickie Romain-Woods, LPN, says, "I love knowing that I play a part in helping each resident reach a comfort level at this stage in their life. I love seeing them smile."

Helen Graves, LPN, who recently retired from Wesley Long Nursing Center after 50 years of service says, "Caring for the elderly brought me the greatest joy in my nursing career. As I retire, I pass the baton of joy to the next generation, to love and care for our wonderful elders."

Chest Pain Unit: The Heart of Excellence

By Jackie Greenlee, RN, MSEd, and Marion Martin, RN, MSN

Every year, six million patients visit the emergency rooms in our country for evaluation of chest pain. Two million of these patients are diagnosed with a coronary syndrome. Four million are admitted to rule out myocardial infarction (MI). Approximately 50 percent of patients admitted with chest pain have no significant disease. "Because of these statistics and the supporting literature, The Moses H. Cone Memorial Hospital Emergency Department considered the prospect of creating and developing a rule-out MI area within the ED," says **Marion Martin, RN, MSN**, Director, ED.

Led by **Robert Beaton, MD**, the Moses Cone Chest Pain Unit opened its doors for patient care on July 12. The unit is housed within the ED area and has five beds. This unit's focus is on the three criteria used to diagnose an acute MI: 1) a clinical history of ischemic-type chest discomfort, 2) changes in serially obtained EKG tracings and, 3) changes in cardiac markers over time.

In addition to focusing on the diagnosis, this specialized unit has established tracks for the program based on physician assessment, labs, EKG and history. "Our goal is to complete the initial patient evaluation within 20 minutes of arrival, and we aim for 'door to needle time' in less than 30 minutes," Marion says. Turn-around time for serum cardiac marker results is approximately 30 minutes, and percutaneous coronary intervention, if needed, is performed in 60 to 90 minutes.

When the patient arrives in the Chest Pain Unit, a Triage Risk Assessment Score (TRAS) is established for the patient. This assessment includes information about the patient's age, gender, symptoms, previous history of diabetes, hypertension, smoking, hyperlipidemia, family history and obesity assessment. Once this has been established, a probability score is determined, and this sets the track for diagnosis and treatment modalities. Track one includes repeat serum cardiac markers to detect any elevation in myoglobin or troponin. Track two includes the same cardiac markers, plus additional labs (CMET, PT/PTT) as well as a portable chest X-ray. Heparin therapy and nitroglycerin drips also may be initiated in this track. In track three, the focus is preparing the patient for either a cardiac catheterization or angioplasty. In addition, thrombolytics may be ordered if the patient is not going for an immediate percutaneous coronary intervention.

The Chest Pain Center is open from 7 a.m. until 11 p.m., seven days a week. The center is staffed with one registered nurse at Chest Pain Triage, plus one registered nurse and one emergency medical technician in the unit. In addition, the mini-lab staff is responsible for obtaining all cardiac marker results.

According to Marion, "This center is

Julia Brewer, RN, and Keith Anderson, EMT, staff the new Chest Pain Unit.

vital in screening and diagnosing those who really need intervention whether it is medicinal or therapeutic, such as an intervention like a cardiac catheterization. It is also important to note that this center helps to decrease unnecessary admissions to rule out MIs." During the first 30 days, the Moses Cone Hospital Emergency Department saw more than 139 patients and sent 46 of those home rather than admitting them. This process helps the System in a number of ways. It exemplifies teamwork by involving radiology, laboratory and the nursing and medical staff in an efficient manner. It affords those patients with true cardiac problems the opportunity to get screened, diagnosed and treated much faster, and it frees beds for others needing further evaluation and treatment.

Medical-Surgical Nursing: A Recognized Specialty

By Joan Hildebrandt, RN, CNOR

Medical-surgical nursing has long been thought of as the foundation of traditional nursing practice—a place to begin your career until you figure out what kind of nursing you want to specialize in. However, that mindset is changing throughout the nation as medical-surgical nurses everywhere are asserting their claim that med-surg is a specialty of its own. Evidence of this change began in 1991 with the founding of the Academy of Medical-Surgical Nurses (AMSN). Both AMSN and the American Nurses Association (ANA) recognize the specific body of knowledge of med-surg nursing through certification exams, special interest groups, and educational and research events.

This celebration of med-surg nursing continues at Moses Cone Health System, with the leadership med-surg nurses have taken to advance med-surg specialty certification.

On March 30, 2004, a med-surg certification review class took place at The Moses H. Cone Memorial Hospital. Made possible through collaboration between our clinical nurse specialists and Area Health Education Center (AHEC), the turnout for this review was exceptional.

In October, several of our nurses sat for the certification exam for med-surg nursing, and six of these newly certified med-surg nurses are featured on page seven. We are incredibly proud of these nurses and applaud their success in raising the bar for med-surg nursing within the System. In fact, all nursing departments have a goal of increasing the number of certified registered nurses by five percent this year.

Inspired by their accomplishments on

See Medical-Surgical Nursing, page 7

Shared Governance

Med-Surg Service Practice and Quality Council

Teresa Farr, RN, chairperson, reports the following news:

- The patient falls policy has been revised. Fact sheets were distributed highlighting the changes.
- Revised discharge callback forms are available for ordering. Emergency Department, Hospice and ICU units do not do discharge callbacks.
- Patient acuity levels will be added to zoning. This will allow for more accurate zone designations as well as staff assignments related to acuity rather than bed location.
- The 2005 Nursing Quality Improvement notebooks which include Department of Nursing goals and objectives, nursing QI plan, corporate improvement plan, and nursing and department indicators were distributed to each member.
- The No Code Blue form is being revised. Suggestions are needed for improvement.
- We now use normal saline for all IV flushes, including central lines. If an alternative flush (heparin) is requested by the physician, it must be specifically ordered. Use the Central Line Maintenance and Central Line Flush Alternative order sets for all central lines.

Women/Infant/Children Service Practice and Quality Council

Linda Donovan, RN, BS, IBCLC, chairperson, reports:

- The Pediatric ICU has been open for one year. An open house celebration took place on Nov. 19.
- A multidisciplinary group is reviewing tracking of durable equipment. A pilot project with the HUGs system is being investigated.
- The Marketing Committee is reviewing documents being given to obstetric patients. A patient binder containing individual information is being considered.

Nursing Leadership Council

Evette Law, RN, MSN, chairperson, reports news from leadership:

- Nursing pay ranges were reviewed as well as favorable changes in retention bonus policy.

- New defibrillators, pocket phones, beds, recliners, and wheelchairs have been purchased.
- The suicide precautions policy has been updated. With the incorporation of the ACT Team and the chaplain, suicidal patients will be better served and more satisfied.
- The nursing dress code change will allow patients and physicians to know who the nurse is as well as increase the professional look of nursing.
- New department director representatives for physician and employee satisfaction are: **Cindy Jamison, Ruthie Pompey, Beth Smith, Cathy Cochran, Phyllis Griffin,** and **Mona Easter.**

Nursing Executive Council

Diane Warden, RN, CPAN, chairperson, reports the following news:

- Staff and service directors recently attended the Magnet conference in Sacramento, CA. Inspiring speakers and ideas for Magnet designation were presented.
- Our Magnet application was accepted in a record two weeks with no further documentation requested.
- Nursing decorated departments depicting our Magnet environment.

Professional Development Council

Wanda Scott, RN, chairperson, reports the following:

- A "nursing sabbatical" or "trading spaces" program is being developed. Nurses can gain experience by working in another department for a few weeks and then return to their own department without losing their position.
- Information about RN/LPN roles was presented. A CBL has been assigned to all nurses which describes our new policy and resources available in public folders.
- A task force is working on basic competencies for floating, as well as floating sheets for all departments.
- Reimbursement will be provided to nurses passing specialty certification exams.
- A survey tool has been developed for enhancing nurse/physician relationships.

Nurses Going Places, Continued

- **Anita Priddy, RN, C,** Department 5000, passed the American Nurses' Credentialing Center's exam for medical-surgical nursing.
- **Patricia Rafferty, RN, C,** Department 5500, passed the American Nurses' Credentialing Center's exam for medical-surgical nursing.
- **Beverly Reed, RN, BC, BSN,** Department 5000, passed the American Nurses' Credentialing Center's exam for medical-surgical nursing.
- **Cheryl Somers, RN, MSN, CNAA, BC,** Department Director 2300 and 3300, passed the advanced certification for nursing administration.
- **Toni Tagert, RN, CAPA,** Pre-surgical Testing, Wesley Long Community Hospital, received her certification as a certified ambulatory perianesthesia nurse.
- **Teresa Thompson, RN, MSN, CCRP,** Research Nurse, Regional Cancer Center, has achieved designation as a certified clinical research professional by the Society of Clinical Research Associates.
- **Nancy Watson, RN, BSN, CMSRN,** Assistant Director, 5500, passed the Academy of Medical-Surgical Nursing's certification exam for medical-surgical nursing.
- **Cynthia Wiersma, RN, CAPA,** Short Stay Center, received her certification as a certified ambulatory perianesthesia nurse.
- **Sandi Wilkins-Stone, RN, CAPA,** Moses Cone Surgery Center, received her certification as a certified ambulatory perianesthesia nurse.
- **Melanie Wright, RN, CAPA,** Short Stay Center, received her certification as a certified ambulatory perianesthesia nurse.

From the Editor

A couple of years ago my family went to Walt Disney World in Orlando. It was the first time I had taken my sons, then ages six and four, to this children's wonderland. Of course, I wanted to make the most of our slightly-over-priced, vacation-of-a-lifetime, better-be-good trip. So, I memorized Birnbaum's Walt Disney World official guidebook. The minute we set foot in The Magic Kingdom, we made a mad dash straight to the back of the park – to the kiddy section. There were not many people in line yet, and we quickly hopped on Aladdin's magic carpet ride. The kids were fascinated and amazed with all the sights and sounds. They couldn't stop staring at the ride operator, dressed to the hilt in Arabian balloon pants and a colorful turban. Perhaps they stared because he was so unlike the ride operators they had seen at the state fair!

Later that day, when we were off exploring another section of the park, a different Aladdin ride operator walked by. "Hey!" my older son said. "He must be from the magic carpet ride!" Yes, even though he had never seen this man before, and even though we were on the other side of the park, my 6-year-old son knew instantly he was an Aladdin ride operator.

Unfortunately, we have not been so successful in identifying our professional nursing staff. These are positions, I would argue, that are in need of quicker and easier identification than Magic Kingdom ride operators. But, beyond easy identification, is the issue of pride in appearance. Presenting a professional, neat appearance conveys to patients, families and colleagues that we are pulled-together and proficient. I don't know the exact expertise levels of the state fair ride operators vs. the ones from Walt Disney World. But I bet if you put them side-by-side, the vast majority of us would trust our safety to the Disney operator.

I think a major turning point in the nursing uniform's demise was the emergence of prints. With prints, nurses could express their individuality and provide relief from the mundane white of everyday work wear. However, that individuality began to spin out of control as more elaborate, and more unprofessional, prints started popping up. Can you really speak professionally to a physician colleague with Sponge Bob Square Pants waving excitedly from your scrub top?

Annie Penn Hospital nurses Cheryl Britt, RN, Vanessa Moore, RN, Mildred Manley, RN and Mary Moyers, RN, put forth a professional image.

As we approach April 1, the official start date of our new nursing dress code, I hope nursing will set the standard for defining professional image at Moses Cone Health System.

Daria

Daria Kring, RN, BC, MSN, Editor,
daria.kring@mosescone.com

Medical-Surgical Nursing, Continued

the med-surg certification exam, *Nursing Beat* posed the question: "What makes med-surg nursing such a rewarding specialty?" Responses varied and included: providing excellent patient care, advocating effectively for patients and families, and demonstrating pride in nursing practice.

Given their success, other nurses may be inspired to seek certification. If you are interested in med-surg certification, there is a review scheduled for June 2 in Room 0030 at Moses Cone Hospital. Details will be available in the AHEC 2005 catalog. The University of North Carolina at Chapel Hill also is offering a review course for med-surg nurses on March 5 at the William and Ida Friday Center for Continuing Education.

Many nurses are concerned about the cost of certification. At Moses Cone Health System, if you are successful in passing your certification exam, you will be reimbursed the exam fee. Some departments also will pay for certification review classes out of their education budget. For more details, check with your director or call **Debbie Green, RN, MSN, GNP**, Director of Nursing Education, Practice and Research, at 832-7442.

To be a successful med-surg specialist, you must demonstrate excellent clinical skills and possess an extraordinary proficiency in time management. Specialty certification is an indication of a nurse's commitment to quality patient care and the continuum of learning, which is vital to preserve competency.

"Having a certified nurse on our med-surg units instills a confidence in patients that they will receive great nursing care."

Anita Priddy, RN, C, Department 5000

"Med-surg nursing involves a constant variety of patients, requiring a wide array of nursing skills. The certification exam validates competency in all the different skills I practice."

Margaret Ann Martin, RN, BC, BSN, Department 3 West

"Med-surg nursing helps fulfill our first priority as nurses: to provide outstanding holistic care to our patients and their families."

Sabrina Newsome, RN, C, Department 3700

"In med-surg nursing you are afforded the opportunity to coordinate the care of a number of patients with a variety of illnesses – this provides a strong base for any area of nursing."

Beverly Reed RN, BC, BSN, Department 5000

"Med-surg nursing helps prepare the nurse to appropriately educate patients and families concerning coping skills, which they will need when readjusting to their home environment."

Patricia Rafferty, RN, C, Department 5500

"It's really neat that this specialty facilitates a multi-system approach – always learning, always updating, never boring."

Nancy Watson, RN, CMSRN, BSN, Assistant Director, Department 5500

Message from Joan, Continued

- We worked on leadership development by clarifying leadership roles and offering educational opportunities for leaders.
- We did not meet our inpatient or Emergency Department patient satisfaction goals, except at The Women's Hospital.
- We improved patient throughput through daily bed meetings and interdepartmental cooperation.
- We did not meet our campus specific length-of-stay targets, except at The Women's Hospital.
- We reduced our sitter and agency expense by $40,641. We still spent more than $700,000 on this.
- We developed, described, defined and delivered our "Three Cs":
  - Caring.
  - Competence.
  - Celebration.

At the "State of Nursing" address, I asked everyone to give themselves a round of applause. We did incredible work in 2004! We are a stronger, more competent staff than we were at the start of the year. And our patients, families and Health System colleagues appreciate the impact of your work. Thanks for all you have done.

Now on to the New Year.....

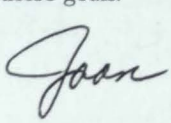
Goals for 2005

These are our goals for 2005 as approved by Shared Governance. There will be more discussion about these goals in department and shared governance meetings.

1. Implement technology changes that promote the delivery of care.
   - Complete E-chart rollout.
   - Plan for go-live of our new clinical documentation system, Carecast.
2. Enhance clinical outcomes.
   - Reduce pressure ulcer prevalence to 4.7 percent or less.
   - Reduce fall rate to 3.6 falls per 1,000 patient days or less.
   - Increase patient satisfaction with and documentation of pain management.
   - Implement smoking cessation guidelines.
   - Increase specialty certification by 5 percent.
   - Reduce restraint use below 2004 usage.
3. Achieve Magnet certification!
4. Develop strategies to meet staffing and capacity needs.
   - Maximize use of relief and flexible resources staff.
   - Maintain budgeted hours of care per patient day (HCPPD).
   - Continue to investigate alternative care delivery models.
5. Identify/ improve strategies for retention and recruitment.
6. Leadership development.
   - Implement continuous employee perception (CEP) and RN satisfaction action plans.
   - Improve inter- and intra-departmental relationships.
   - Support organizational initiatives related to diversity.
7. Improve patient throughput.
   - Complete zoning rollout to all campuses.
   - Restructure bed control to improve cross-campus coordination.
   - Implement strategies to improve ED-to-floor transfer time.
8. Meet patient satisfaction goals.
   - Achieve patient satisfaction for overall nursing and personal issues at the 90th percentile.
   - Implement management "rounding for outcomes."
   - Implement discharge callbacks.
   - Revise nursing dress code and improve the professional image of the nurse.
9. Ensure financial health.
   - Maintain cost/ unit of service (our budget model).
   - Reduce outside sitter usage by 50 percent.
10. Decrease length of stay (LOS).
    - Achieve campus-specific LOS targets.
    - Work with Care Management to identify and remove barriers to patient progression.

And as always, our ultimate goal is to make Moses Cone Health System the best place to practice nursing in the United States!

I'm excited about our future and look forward to working with you to achieve these goals.



Joan Wessman, RN, MS
Chief Nursing Officer

MOSES CONE
HEALTH SYSTEM

1200 North Elm Street
Greensboro, NC 27401
www.mosescone.com/nursing